



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900; BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8202

AFFIDAVIT

This is to certify that I, the undersigned, am the duly authorized representative of the following company, and I hereby certify that said company has paid all reclamation fees lawfully assessed it from the effective date of the **Federal Surface Mining Control and Reclamation Act of 1977** (herein "Federal Act") through the _____ Calendar quarter of 20____, as required by §402 of the Federal Act (30 U.S.C. §1232).

This Affidavit is submitted to the Division of Mined Land Reclamation to satisfy the requirements for payment of reclamation fees pursuant to 4 VAC 25-130-773.15(c)(7) of the **Virginia Coal Surface Mining Reclamation Regulations**.

Company Name:

Authorized Representative's Name (printed)

Authorized Representative's Title (printed)

Authorized Representative's Signature:

Date:

Notarization:

Subscribed and affirmed/sworn to before me by, _____, this _____ day of

_____ 20____, in the State of _____, in the City/County of _____

Notary Public Name (printed or typed)

(Seal) _____, Notary Public
Notary Public Signature

My Commission Expires _____, 20____